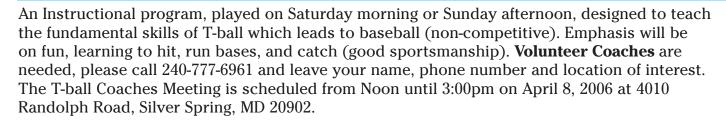
Instructional T-ball





The following are meeting times and participants grouping: 9:00am (Kindergarten) and 10:00am (First graders) on Saturdays 12:00noon (Kindergarten) and 1:00pm (First graders) on Sundays. One-hour program for 6 weeks.

Registration deadline March 27, 2006 or until team is full

Start date: Saturday, April 22, 2006 or Sunday, April 23, 2006

The program will be comprised of two one hour practices and four scrimmages \$55.00/county resident, \$65.00/non-resident (includes t-shirt, participation certificate, and Volunteer Coach)

Participants should each bring their own baseball glove.

| Number | Location | Days | Time | Number | Location | Days | Time |
|--------|----------------------|------|------------------|--------|------------------------|-------|------------------|
| 136613 | Darnestown ES | Sat | 9:00am-10:00am | 136625 | Whetstone ES | Sat | 9:00am-10:00am |
| 136614 | Darnestown ES | Sat | 10:00am-11:00am | 136626 | Whetstone ES | Sat | 10:00am-11:00am |
| 136617 | Tilden Center | Sun | 12:00pm-1:00pm | 136627 | Aspen Hill Local Park | Sat | 9:00am-10:00am |
| 136618 | Tilden Center | Sun | 1:00pm-2:00pm | 136628 | Aspen Hill Local Park | Sat | 10:00am-11:00am |
| 136615 | Flower Valley ES | Sat | 9:00am-10:00am | 136629 | Arylawn Local Park | Sun | 12:00noon-1:00pm |
| 136616 | Flower Valley ES | Sat | 10:00am-11:00am | 150858 | Arylawn Local Park | Sun | 1:00pm-2:00pm |
| 136619 | Hoover MS | Sun | 12:00noon-1:00pm | 136630 | Beverly Farm Local Par | k Sun | 12:00pm-1:00pm |
| 136620 | Hoover MS | Sun | 1:00pm-2:00pm | 136631 | Beverly Farm Local Par | | 1:00pm-2:00pm |
| 136621 | Redland MS | Sat | 9:00am-10:00am | 136632 | Bushey Drive Local Par | | 12:00pm-1:00pm |
| 136622 | Redland MS | Sat | 10:00am-11:00am | 136633 | Bushey Drive Local Par | k Sun | 1:00pm-2:00pm |
| 136623 | Rock Creek Forest ES | Sat | 9:00am-10:00am | | | | |
| 136624 | Rock Creek Forest ES | Sat | 10:00am-11:00am | | | | |

All program locations subject to change pending number of registrations.

Montgomery County



For more information about Recreation Department programs, visit our web site at:
www.montgomerycountymd.gov/rec







| ☐ Check here i | f new address/pho | ne/email. | Plea | se print. This form n | nay be | duplicat | ed. | | | | | | |
|--|-------------------------|----------------------------------|------------------|------------------------------|---------------------|-------------------------|------------------------|-------------------|---|---------------|---------------|----------------|--|
| PAYER'S: Las | Last Name | | | | City | | | Email | | | | | |
| Address Home Phone () | | | | | | | | State | | Zip | | | |
| | | | | | | | | | | | | | |
| PARTICIPANT'S | S: Address | | | | City | | | | State Zip | | | | |
| (if under 18 years) | | ne Email _ () Work Phone () | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | s Name Email | | | | | | | | | | | |
| | | | | | Work Phone () | | | Cell Phone () | | | | | |
| Participant's Name (last, first) | | Birthdate mm/dd/yy | | School Attending | Grade | Activity | / Name | Course Number | Location | Start Date | Start Time | Fees* | |
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| *If you are a no | n-resident, include | an additio | onal S | 10.00 per participar | nt in the | fee for | each activity | /. | | | | | |
| ☐ Check or Mo | ney Order payable | e to MCRD | , Attr | n: Registrar, 4010 Ra | ındolph | Road, S | Silver Spring | , MD 20902 | Total Amo | ount Due | e: \$ | | |
| ☐ Master Card ☐ Visa Card No Expiration Date | | | | | | | | | | | | | |
| CARDHOLDER: Name (print) Sig | | | | | | | Signa | nature Date | | | | | |
| If paying by cre | dit card, you may | fax your re | gistr | ation form to 240-77 | 7-6818. | If y | ou need hel | p completing | this form, please call | 240-777 | -6840. | | |
| nature of some acti participant also con | vities, the County enco | ourages each use of any ph | partic otogra | ipant to consult his or her | physicia made of | n concern the progra | ning fitness to partic | articipate in the | sing from participation in the program. The participant co , the parent or guardian app | nsents to e | emergency | treatment. The | |
| Participant or P | arent/Guardian Si | gnature | | | | | | | | Date | | | |